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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	1/1398
First Named Inventor	Gunter TRUMMLITZ
COMPLETE IF KNOWN	
Application Number	10 / 887,843
Filing Date	09/22/2003
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Crystalline Acetic Acid Solute Of Meloxicam

the specification of which (Title of the invention)  
☐ is attached hereto  
 OR  
☒ was filed on (MM/DD/YYYY) 08/22/2003 as United States Application Number or PCT International

Application Number 10/887,843 and was amended on (MM/DD/YYYY) (if applicable),

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 366(b) of any foreign application(s) for patent or inventor's certificate, or 366(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
DE 102 45 882.0	Germany	09/30/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

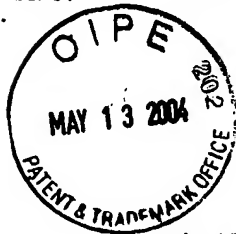
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/428,617	11/22/2002	

(Page 1 of 2)

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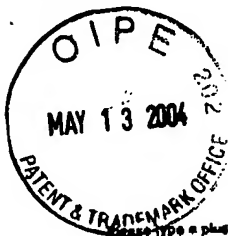
PTO/SB-01 (12-97)  
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DECLARATION — Utility or Design Patent Application			
<p>I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 35(c) of any PCT international application designating the United States of America, filed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>			
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority date sheet PTO/SB-028 attached hereto.			
<p>As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p>			
<input type="checkbox"/> Customer Number OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below		<p>Place Customer Number Bar Code Label here</p>	
Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Anthony P. Bonito	41,828
Michael P. Morris	34,613	Susan K. Pocchieri	45,016
Mary-Elise M. Devlin	27,828	Philip I. Dattow	41,482
Alan R. Stempel	28,991	Timothy X. Witkowski	40,232
		David A. Dow	46,124
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB-029 attached hereto.			
<p>Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 28501 OR <input type="checkbox"/> Correspondence address below</p>			
Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unnamed inventor	
Given Name (first and middle if any)		Family Name or Surname	
Gunter		TRUMMLITZ	
Inventor's Signature	Date		
Residence: City	Warthausen	State	Country Germany
Post Office Address	Buchenhweg 27		
Post Office Address			
City	Warthausen	State	Country Germany
		ZIP	88447
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB-02A attached hereto.			

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 1 of 2
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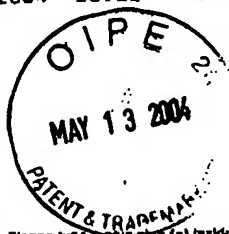
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Rainer		SOYKA	
Inventor's Signature	<i>Rainer Soyka</i>	Date	04/02/2004
Residence: City	Biberach	State	Country Germany
Citizenship DE			
Mailing Address Geschwister-Scholl-Strasse 43			
Mailing Address			
City	Biberach	State	ZIP 88400
Country Germany			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Peter		SIEGER	
Inventor's Signature	<i>Peter Sieger</i>	Date	02/13/2004
Residence: City	Mittelbiberach	State	Country Germany
Citizenship DE			
Mailing Address Wielandstrasse 27			
Mailing Address			
City	Mittelbiberach	State	ZIP 88441
Country Germany			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ulrike		WERTHMANN	
Inventor's Signature	<i>Ulrike Werthmann</i>	Date	02/13/2004
Residence: City	Biberach	State	Country Germany
Citizenship DE			
Mailing Address Thuringenstrasse 8			
Mailing Address			
City	Biberach	State	ZIP 88400
Country Germany			

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Peter		LUGER	
Inventor's Signature: <i>Peter Luger</i>		Date: 05/13/2004	
Residence: City Berlin	State	Country Germany	Citizenship DE
Mailing Address: Schottmuelersrass 81			
Mailing Address			
City Berlin	State	ZIP 14187	Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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